

**Department of Defense Education Activity
Prescreening Protocol and Acknowledgment for Students**

The school and parent community must work together to prevent the introduction and spread of COVID-19 in the school environment while providing a quality education program. To aid in prevention, we require parents to perform a short check each morning within two hours of arrival to school. Students without a copy of this signed form on file will be prohibited from attending school in-person.

SECTION 1: Symptoms

Please check for any of the following symptoms that indicate a possible illness that could be spread to others:

- a. Temperature 100.4 degrees Fahrenheit or higher (or in accordance with host nation policy) when taken by mouth;
- b. Sore throat;
- c. **New** uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline);
- d. Diarrhea, vomiting, or abdominal pain; OR
- e. **New** onset of severe headache, especially with a fever.

SECTION 2: Close Contact/Potential Exposure

Please check if you have:

- a. Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19; OR
- b. Traveled or arrived from an area where the local, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the Community Mitigation Framework or in HPCON C or D.

*If the answer to any of the questions in section 1 is **YES** but **No** to any questions in section 2, the student is excused from school until symptom-free for 24 hours without fever-reducing medications.*

*If the answer to any of the questions in section 1 is **YES** and **YES** to section 2.a., please seek an evaluation from your healthcare provider. The student should also stay home for 14 days since last exposure to that person unless the student has developed COVID-19 illness in the previous three months and recovered, and remains without symptoms as described in section 1.*

*If the answer to any of the questions in section 1 is **YES** and **YES** to section 2.b., please seek an evaluation from your healthcare provider and follow applicable local installation Restriction of Movement (ROM) requirements.*

*If the answer to any of the questions in section 1 is **NO** but **YES** to section 2.a., the student should stay home for 14 days since last exposure to that person unless the student has developed COVID-19 illness in the previous three months and recovered, and remains without symptoms as described in section 1.*

*If the answer to any of the questions in section 1 is **NO** but **YES** to section 2.b., follow local installation ROM requirements.*

I _____ (parent/guardian name) have reviewed the DoDEA Prescreening Protocol. I agree to conduct the prescreening on my child before their arrival to school.

Student Name: _____ School: _____

Parent/Guardian Signature: _____ Date: _____